

APR 21 2010

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18 APR 27 PM 12:49

OFFICE OF THE CHIEF CLERK  
U.S. HOUSE OF REPRESENTATIVES

<b>UNITED STATES HOUSE OF REPRESENTATIVES</b>	
<b>FINANCIAL DISCLOSURE STATEMENT</b>	
<b>Name: HANK STUART H. LINDSEY</b> <b>Daytime Telephone:</b> <b>111</b>	
<b>FILER STATUS</b>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
New Member of or Candidate for U.S. House of Representatives	State: <u>KY</u>
Candidate - Date of Election:	District: <u>2</u>
Staff Filer Type (If Applicable):	<input type="checkbox"/>
New Officer or Employee Employing Office: _____	Principal Assistant <input type="checkbox"/>
Shared <input type="checkbox"/>	Period Covered: January 1, _____ to _____
<b>FORM B</b> For New Members, Candidates, and New Employees	

<b>OFFICE OF THE CHIEF CLERK U.S. HOUSE OF REPRESENTATIVES</b>	
<b>Name: HANK STUART H. LINDSEY</b> <b>Daytime Telephone:</b> <b>111</b>	
<b>Form B</b> For New Members, Candidates, and New Employees	
<b>18 APR 27 PM 12:49</b>	

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child:  
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?   
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  Yes  No

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?  Yes  No

G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  Yes  No

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES!"**

**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  Yes  No

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.  Yes  No

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: STUART H. LINDGREN Page 2 of 8

**Use additional sheets if more space is required.**

Chank

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: STUART H. LINDHMAN Page 2 of 1

BLOCK A Assets and/or Income Sources		ASSET NAME	AMOUNT

  

BLOCK B Value of Asset		ASSET NAME	AMOUNT

  

BLOCK C Type of Income		ASSET NAME	AMOUNT

  

BLOCK D Amount of Income		ASSET NAME	AMOUNT

Use additional sheets if more space is required.

**SCHEDULE C – EARNED INCOME**

Name: STUART L. NOZAFUMI Page 4 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Current Year to Filing	Amount	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$600	
State of Maryland	Salary	\$20,000	\$76,000	
Chief War Roundtable (Oct 2)	Spouse Speech	\$0	\$1,000	
Ottono County Board of Education	Spouse Salary	N/A	N/A	
Benover, Inc - Candidate	Salary	48,486		
Oraia Productions	1099/wages	10,450		
Events Corporation	1099/wages	1,710		
Yamaha Corporation	1099/wages	1,020		
J J Chardae		14,150		
AI&I Sage Point Financial	SP	1099/wages	7,840	189,633
Parcified Life Ins	SP	1099/wages		1,072
National Life Ass't. Inc	SP	1,099/wages		1,843
Protective Life Ins.	SP	1099/wages		12,989

Use additional sheets if more space is required.

## SCHEDULE D – LIABILITIES

STUART H. LINDEMANN, JR.  
Name:

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**Report** liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse, child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

**\*Column K** is for liabilities held solely by your spouse or dependent child.

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period.									
New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.									
Sp. DC/JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability					
				A	B	C	D	E	F
SP	CHASE/VISA	6/18	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000					
SP	BofA/VISA	08/17	CREDIT CARD	\$15,001-\$50,000					
				\$50,001-\$100,000					
				\$100,001-\$250,000					
				\$250,001-\$500,000					
				\$500,001-\$1,000,000					
				\$1,000,001-\$5,000,000					
				\$5,000,001-\$25,000,000					
				\$25,000,001-\$50,000,000					
				Over \$50,000,000					
				Over \$1,000,000* (Spouse/DC Liability)					

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Use additional sheets if more space is required.

## SCHEDULE F – AGREEMENTS

STUART H. C. IMPERMAN  
Name: STUART H. C. IMPERMAN

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

**Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years.** This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

CHUNK  
STUART  
Name:

STUART H. UNDERMAN  
Name: STUART H. UNDERMAN

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Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

STU. ACT & C. INSTRUM.  
Name: \_\_\_\_\_ Page 8 of 8

Use additional sheets if more space is required.